Volunteer Services Application

Name:____ **Date:**_______________________________

Address: ____ **City/State/Zip:** ______________________

Occupation: ______________________________________ **Preferred Phone:** ____________________

How did you hear about the Volunteer Services program?: ____

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Do you have friends/relatives who volunteer or are employed with Norton King's Daughters' Health?: ☐ **Yes** ☐ **No**

If yes, please include name(s): ____

Have you volunteered in any capacity? If yes, please list when and where: _________________________________

____

List education, training, and skills: ____

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____

Times interested in Volunteering (list hours, example: 8 am – 12 pm, 12pm – 4 pm, 4 pm – 8pm)

Sunday__________ Monday__________ Tuesday_________ Wednesday____________

Thursday________ Friday____________ Saturday_________

Please list any physical limitations:____

Supply two personal/professional references (Teen volunteers will only need to supply one)

Name: ____ Phone: ____________________________

Name: ____ Phone: ____________________________

Have you ever been convicted of more than a minor traffic violation? ☐ **Yes** ☐ **No**

If yes, please explain: ____

General areas for volunteering (check areas of interest)

☐ Chaplain
☐ Front Desk/Main Lobby
☐ Piano Player
☐ Nutrition Services
☐ Student Volunteer Hours
☐ Clerical Work
☐ Emergency Department
☐ Home Health/Hospice
☐ Gathering Wheelchairs
☐ Facilities
☐ Marketing
☐ Service Animal
☐ Same Day Surgery Greeter
☐ Mother/Baby Services

VOLUNTEER RELEASE AUTHORIZATION:

I hereby authorize Norton King's Daughters' Health to perform a criminal background check for any criminal information regarding myself. I exempt Norton King's Daughters' Health from my liability or any damages resulting from the release of this information.

____ _______________________

Printed Name Date

____

Signature

TEEN INFORMATION ONLY (under 18 years of age)

Teens must be at least 16 years of age to volunteer

School currently attending: __________________________________ Grade: ________________

I hereby agree to allow my child to serve as a teenage volunteer for Norton King's Daughters' Health. I fully understand that in the course of their duties that they may be permitted to enter patient areas of the hospital. I further release Norton King's Daughters' Health from any responsibility or liability for any foreseen or unforeseen results of causes that may arise as a result of my child's service at Norton King's Daughters' Health. In addition, I also realize the responsibility of the organization and will cooperate with my child to comply with the rules and regulations.

Additionally, I agree that photographs or videotape may be taken of my child and used for public relations, marketing and/or advertising purposes for Norton King's Daughters' Health. I waive all rights I and/or my minor child may have for any claims for payment in connection with any exhibition, televising, showing or electronic display (including, but not limited to the World Wide Web) of said photographs, pictures, or videotapes.

____ _______________________

Signature of parent/guardian Date

Please fill out this application and return to: Norton King's Daughters' Health – Attention Volunteer Services
1373 East State Road 62
Madison, IN 47250